



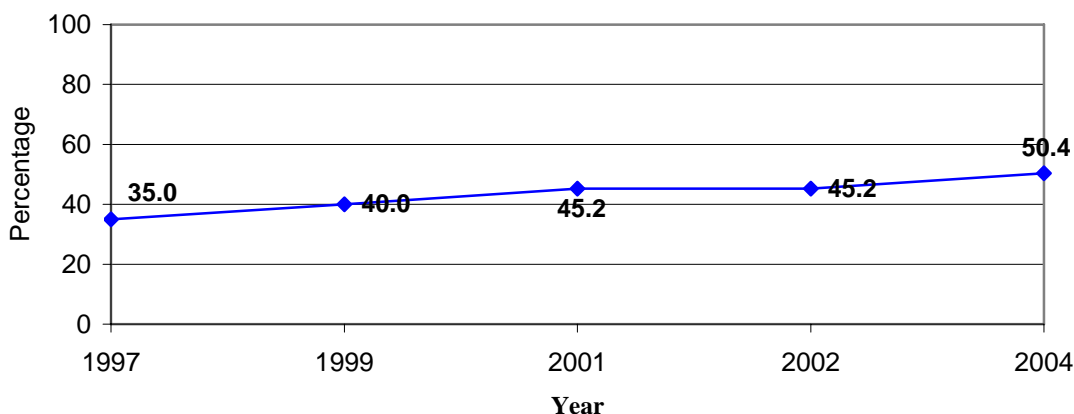
Topic: Cancer and Cancer Screening

16. Colonoscopy and Sigmoidoscopy

The use of colorectal cancer early detection screening procedures completed in Michigan is monitored by MDCH through the Behavioral Risk Factor Surveillance System. Over the past several years, the colorectal cancer section of the BRFSS has been obtaining information on the use of blood stool tests within the past two years and proctoscopic exams, such as sigmoidoscopies or colonoscopies, within the past five years for Michigan men and women aged 50 years and older.

How are we doing?

**Michigan Adults with Proctoscopic Exams
Within the Past Five Years**



In 2004, an estimated 30.4% of Michigan adults aged 50 years and older had a blood stool test within the past two years. For the same reporting period, 60.3% of all Michigan adults aged 50 years and older reported having ever had a sigmoidoscopy or colonoscopy. Of this same group over half (50.4%) reported having had a sigmoidoscopy or colonoscopy within the past five years. It is evident that the use of these procedures has increased over the last several years. Michigan's proportion for sigmoidoscopies or colonoscopies completed within the past five years increased from 35.0% in 1997 to 50.4% in 2004, an increase of 44%.

How Does Michigan compare with the U.S.?

The proportion of Michigan adults aged 50 years and older who received a blood stool test within the past two years (30.4%) remains slightly above that of the U.S. median percentage (26.5%) for 2004. When comparing Michigan and the United States in terms of ever having had a sigmoidoscopy or colonoscopy, Michigan (60.3%) again has a greater percentage than that of the 2004 U.S. median value (53.0%) for this indicator.

How are different populations affected?

The proportions of blood stool tests completed within the past two years and sigmoidoscopies or colonoscopies completed within the past five years reported in 2004 both increased with age. The completion of sigmoidoscopies or colonoscopies within the past five years (50-59 years = 47.8% vs. 70+ years = 57.9%; difference = 18.0%) increased less with age compared to that of the increase with age for



Critical Health Indicators

blood stool tests within the past two years (50-59 years = 23.8% vs. 70+ years = 35.9%; difference = 12.1%).

Men and women were equally likely to have had a blood stool test within the past two years (30.8% vs. 30.0%); however, men were more likely than women to have had a sigmoidoscopy or colonoscopy within the past five years (52.9% vs. 48.3%). Whites were more likely than Blacks to have a blood stool test within the past two years (31.2% vs. 23.7%), but no noticeable difference was observed for the proportions of Whites (50.9%) and Blacks (50.3%) who had a sigmoidoscopy or colonoscopy within the past five years.

What is the Department of Community Health doing to improve this indicator?

The MDCH sponsors many projects to increase the use of, or access to colorectal cancer screening services, including projects targeting communities within high colorectal cancer mortality counties and registered primary care physicians throughout the state. The Department has conducted community-based focus groups related to colorectal cancer screening barriers that are being used to develop intervention programs for several target communities. The goal of these intervention programs is to make each community more aware of what colorectal cancer is and how important screening is for the early detection and treatment of the disease. The Department has also updated the Knowledge, Attitudes, and Practices survey (KAP) of Michigan registered primary care physicians. The KAP survey will assess the current practices of Michigan's primary care physicians in colorectal cancer screening and how these practices compare with the approved screening guidelines for colorectal cancer. Based on survey findings, interventions will be planned.